

## **Supplemental Application Data Sheet**

### **Application Information**

<u>Application number::</u>	<u>10/583,061</u>
<u>Filing Date::</u>	<u>06/15/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	MODULATION OF IMMUNE SYSTEM FUNCTION BY MODULATION OF POLYPEPTIDE ARGININE METHYLTRANSFERASES
Attorney Docket Number::	HUI-054US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	<u>Yes</u>
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Laurie
Middle Name::	H.
Family Name::	GLIMCHER
Name Suffix::	M.D.
City of Residence::	West Newton
State or Province of Residence::	MA

Country of Residence:: US  
Street of mailing address:: 51 Hampshire Street  
City of mailing address:: West Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02165

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kerri  
Family Name:: MOWEN  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 5578 Renaissance Ave., No. 2  
City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92122

### **Correspondence Information**

Correspondence Customer Number:: 00959

### **Representative Information**

Representative Customer Number:: 00959

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/044095	12/20/04
PCT/US2004/044095	An application claiming the benefit under 35 USC 119(e)	60/531482	12/18/03

### Foreign Priority Information

### Assignee Information

Assignee name:: President and Fellows of Harvard College  
 Street of mailing address:: 1350 Massachusetts Avenue, Suite 727  
 City of mailing address:: Cambridge  
 State or Province of mailing address:: MA  
 Postal or Zip Code of mailing address:: 02138